

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER b: HOSPITALS AND AMBULATORY CARE FACILITIES

PART 250
HOSPITAL LICENSING REQUIREMENTS

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295 AUTHORITY: Implementing and authorized by the Hospital Licensing Act [210 ILCS 85].

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297 SOURCE: Rules repealed and new rules adopted August 27, 1978; emergency amendment at 2
298 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg.
299 21, p. 49, effective May 16, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July
300 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 45, p. 85, effective November 6,
301 1978; amended at 3 Ill. Reg. 17, p. 88, effective April 22, 1979; amended at 4 Ill. Reg. 22, p.

233, effective May 20, 1980; amended at 4 Ill. Reg. 25, p. 138, effective June 6, 1980; amended at 5 Ill. Reg. 507, effective December 29, 1980; amended at 6 Ill. Reg. 575, effective December 30, 1981; amended at 6 Ill. Reg. 1655, effective January 27, 1982; amended at 6 Ill. Reg. 3296, effective March 15, 1982; amended at 6 Ill. Reg. 7835 and 7838, effective June 17, 1982; amended at 7 Ill. Reg. 962, effective January 6, 1983; amended at 7 Ill. Reg. 5218 and 5221, effective April 4, 1983 and April 5, 1983; amended at 7 Ill. Reg. 6964, effective May 17, 1983; amended at 7 Ill. Reg. 8546, effective July 12, 1983; amended at 7 Ill. Reg. 9610, effective August 2, 1983; codified at 8 Ill. Reg. 19752; amended at 8 Ill. Reg. 24148, effective November 29, 1984; amended at 9 Ill. Reg. 4802, effective April 1, 1985; amended at 10 Ill. Reg. 11931, effective September 1, 1986; amended at 11 Ill. Reg. 10283, effective July 1, 1987; amended at 11 Ill. Reg. 10642, effective July 1, 1987; amended at 12 Ill. Reg. 15080, effective October 1, 1988; amended at 12 Ill. Reg. 16760, effective October 1, 1988; amended at 13 Ill. Reg. 13232, effective September 1, 1989; amended at 14 Ill. Reg. 2342, effective February 15, 1990; amended at 14 Ill. Reg. 13824, effective September 1, 1990; amended at 15 Ill. Reg. 5328, effective May 1, 1991; amended at 15 Ill. Reg. 13811, effective October 1, 1991; amended at 17 Ill. Reg. 1614, effective January 25, 1993; amended at 17 Ill. Reg. 17225, effective October 1, 1993; amended at 18 Ill. Reg. 11945, effective July 22, 1994; amended at 18 Ill. Reg. 15390, effective October 10, 1994; amended at 19 Ill. Reg. 13355, effective September 15, 1995; emergency amendment at 20 Ill. Reg. 474, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 3234, effective February 15, 1996; amended at 20 Ill. Reg. 10009, effective July 15, 1996; amended at 22 Ill. Reg. 3932, effective February 13, 1998; amended at 22 Ill. Reg. 9342, effective May 20, 1998; amended at 23 Ill. Reg. 1007, effective January 15, 1999; emergency amendment at 23 Ill. Reg. 3508, effective March 4, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9513, effective August 1, 1999; amended at 23 Ill. Reg. 13913, effective November 15, 1999; amended at 24 Ill. Reg. 6572, effective April 11, 2000; amended at 24 Ill. Reg. 17196, effective November 1, 2000; amended at 25 Ill. Reg. 3241, effective February 15, 2001; amended at 27 Ill. Reg. 1547, effective January 15, 2003; amended at 27 Ill. Reg. 13467, effective July 25, 2003; amended at 28 Ill. Reg. 5880, effective March 29, 2004; amended at 28 Ill. Reg. 6579, effective April 15, 2004; amended at 29 Ill. Reg. 12489, effective July 27, 2005; amended at 31 Ill. Reg. 4245, effective February 20, 2007; amended at 31 Ill. Reg. 14530, effective October 3, 2007; amended at 32 Ill. Reg. 3756, effective February 27, 2008; amended at 32 Ill. Reg. 4213, effective March 10, 2008; amended at 32 Ill. Reg. 7932, effective May 12, 2008; amended at 32 Ill. Reg. 14336, effective August 12, 2008; amended at 33 Ill. Reg. 8306, effective June 2, 2009; amended at 34 Ill. Reg. 2528, effective January 27, 2010; amended at 34 Ill. Reg. 3331, effective February 24, 2010; amended at 34 Ill. Reg. 19031, effective November 17, 2010; amended at 34 Ill. Reg. 19158, effective November 23, 2010; amended at 35 Ill. Reg. 4556, effective March 4, 2011; amended at 35 Ill. Reg. 6386, effective March 31, 2011; amended at 35 Ill. Reg. 13875, effective August 1, 2011; amended at 36 Ill. Reg. 17413, effective December 3, 2012; amended at 38 Ill. Reg. 13280, effective June 10, 2014; amended at 39 Ill. Reg. 5443, effective March 25, 2015; amended at 39 Ill. Reg. 13041, effective September 3, 2015; amended at 41 Ill. Reg. 7154, effective June 12, 2017; amended at 41 Ill. Reg. 14945, effective November 27, 2017; amended at 42 Ill. Reg. 9507, effective May 24, 2018; amended at 43 Ill. Reg. 3889, effective March 18,

2019; amended at 43 Ill. Reg. 12990, effective October 22, 2019; emergency amendment at 44 Ill. Reg. 5934, effective March 25, 2020, for a maximum of 150 days; emergency expired August 21, 2020; emergency amendment at 44 Ill. Reg. 7788, effective April 16, 2020, for a maximum of 150 days; emergency repeal of emergency amendment at 44 Ill. Reg. 14333, effective August 24, 2020; emergency amendment at 44 Ill. Reg. 14804, effective August 24, 2020, for a maximum of 150 days; emergency expired January 20, 2021; amended at 44 Ill. Reg. 18379, effective October 29, 2020; emergency amendment at 45 Ill. Reg. 1202, effective January 8, 2021, for a maximum of 150 days; emergency amendment expired June 6, 2021; emergency amendment at 45 Ill. Reg. 1715, effective January 21, 2021, for a maximum of 150 days; emergency expired June 19, 2021; emergency amendment at 45 Ill. Reg. 7544, effective June 7, 2021, for a maximum of 150 days; emergency expired November 3, 2021; emergency amendment at 45 Ill. Reg. 8096, effective June 15, 2021, for a maximum of 150 days; emergency expired November 11, 2021; emergency amendment at 45 Ill. Reg. 8503, effective June 20, 2021, for a maximum of 150 days; emergency expired November 16, 2021; emergency amendment at 45 Ill. Reg. 11907, effective September 17, 2021, for a maximum of 150 days; emergency expired February 13, 2022; emergency amendment at 45 Ill. Reg. 14519, effective November 4, 2021, for a maximum of 150 days; emergency expired April 2, 2022; emergency amendment at 45 Ill. Reg. 15115, effective November 12, 2021 through December 31, 2021; emergency amendment at 45 Ill. Reg. 15375, effective November 17, 2021, for a maximum of 150 days; emergency expired April 15, 2022; emergency amendment at 46 Ill. Reg. 1911, effective January 13, 2022, for a maximum of 150 days; emergency expired June 11, 2022; emergency amendment at 46 Ill. Reg. 3208, effective February 14, 2022, for a maximum of 150 days; emergency expired July 13, 2022; emergency amendment at 46 Ill. Reg. 6142, effective April 3, 2022, for a maximum of 150 days; emergency expired August 30, 2022; emergency amendment at 46 Ill. Reg. 6808, effective April 16, 2022, for a maximum of 150 days; emergency expired September 12, 2022; amended at 46 Ill. Reg. 8914, effective May 12, 2022; emergency amendment at 46 Ill. Reg. 10950, effective June 12, 2022, for a maximum of 150 days; emergency amendment to emergency rule at 46 Ill. Reg. 12643, effective July 6, 2022, for the remainder of the 150 days; emergency expired November 8, 2022; emergency amendment at 46 Ill. Reg. 13344, effective July 14, 2022, for a maximum of 150 days; emergency amendment to emergency rule at 46 Ill. Reg. 18185, effective October 27, 2022, for the remainder of the 150 days; emergency expired December 10, 2022; emergency amendment at 46 Ill. Reg. 15824, effective August 31, 2022, for a maximum of 150 days; emergency expired January 27, 2023; amended at 46 Ill. Reg. 15597, effective September 1, 2022; emergency amendment at 46 Ill. Reg. 16271, effective September 13, 2022, for a maximum of 150 days; emergency expired February 9, 2023; emergency amendment at 46 Ill. Reg. 18902, effective November 9, 2022, for a maximum of 150 days; amended at 46 Ill. Reg. 18995, effective November 10, 2022; emergency amendment at 46 Ill. Reg. 20211, effective December 11, 2022, for a maximum of 150 days; emergency amendment at 47 Ill. Reg. 2189, effective January 28, 2023, for a maximum of 150 days; emergency amendment at 47 Ill. Reg. 2862, effective February 10, 2023 through May 11, 2023; amended at 47 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 250.120 Application for and Issuance of a License to Operate a Hospital

- a) Applicant and Licensee. The applicant or licensee is the "person" as defined in Section 3(B) of the Act who establishes, conducts, operates and maintains a hospital, or proposes to do so, and who is responsible for meeting licensing requirements.
- b) Hospitals to be Licensed. A license is required of all places that are hospitals as defined in Section 3 of the Act, providing that the place is not specifically excluded by the Act.
- c) Places not to be Licensed. The Act excludes the following:
 - 1) *Any person or institution required to be licensed pursuant to the Nursing Home Care Act, the Specialized Mental Health Rehabilitation Act of 2013, the ID/DD Community Care Act, or the MC/DD Act;*
 - 2) *Hospitalization or care facilities maintained by the State or any Department or agency thereof, where the Department or agency has authority under law to establish and enforce standards for the hospitalization or care facilities under its management and control;*
 - 3) *Hospitalization or care facilities maintained by the federal government or agencies thereof;*
 - 4) *Hospitalization or care facilities maintained by any university or college established under the laws of this State and supported principally by public funds raised by taxation;*
 - 5) *Any person or facility required to be licensed pursuant to the Substance Use Disorder Act;*
 - 6) *Any facility operated solely by and for persons who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any well-recognized church or religious denomination;*
 - 7) *An Alzheimer's disease management center alternative health care model licensed under the Alternative Health Care Delivery Act; or*
 - 8) *Any veterinary hospital or clinic operated by a veterinarian or veterinarians licensed under the Veterinary Medicine and Surgery Practice Act of 2004 or maintained by a State-supported or publicly*

funded university or college. (Section (3)(A) of the Act)

d) Application for License

- 1) The application for a license shall be made to the Department on forms provided by the Department and shall contain information as the Department requires for the administration of the Act.
- 2) Applications on behalf of a corporation or association or governmental unit or agency shall be made and verified by any two officers of the corporation or association or governmental unit or agency.
- 3) The application shall be *accompanied by a license fee of \$55 per bed.*
 - A) *The license fee for a critical access hospital, as defined in Section 5-5e(b)(4) of the Illinois Public Aid Code, shall be \$0 per bed.*
 - B) *The license fee for a Safety-Net Hospital, as defined in Section 5-5e.1 of the Illinois Public Aid Code shall be \$0 per bed.* (Section 5(b) of the Act)

e) Issuance and Renewal of License. Licenses issued under the Act and this Part shall be valid for a period of one year. The Department will issue renewal licenses to those hospitals meeting licensing requirements as determined by an ongoing review of reports, surveys, and recommendations on file with the Department as related to the operation of the hospital *and payment of a license fee as established pursuant to Section 5 of the Act* and subsection (d). (Section 6(b) of the Act) Except for hospitals excluded under subsections (d)(3)(A) and (B), payment of the annual license fee shall be made to the Department prior to the expiration of a hospital's license. The Department will mail an invoice to the hospital 60 days prior the expiration of the hospital's license.

f) License not Transferable; Notification of Change of Licensee, Location or Name

- 1) The license is not transferable. Each license is separate and distinct and shall be issued to a specific licensee for a specific location. The Department shall be notified prior to any change in the licensee, the name, or the location of a hospital.
- 2) If the hospital's name is changed, a new license certificate will be issued upon notification to the Department of the change.
- 3) Prior to changing the location of a hospital, the hospital shall meet the

requirements of Section 250.110 and this Section.

- 4) A change in the legal identity of the licensee of a hospital constitutes the establishment of a new hospital, and the hospital shall meet the requirements of Section 250.110 and this Section.

- g) A change of ownership of a hospital occurs when one of the following transactions is completed:

- 1) When ownership and responsibility for the operation of the assets constituting the licensed entity are transferred from the licensee to another person or another legal entity (including a corporation, limited liability company, partnership or sole proprietor) as part of an asset purchase or similar transaction;
- 2) A material change in a partnership that is caused by the removal, addition, or substitution of a partner;
- 3) In a corporation, when the licensee corporation merges into another corporation, or with the consolidation of two or more corporations, one of which is the licensee, resulting in the creation of a new corporation;
- 4) The leasing of all the hospital's operations to another corporation or partnership.

- h) Prior to completing the transactions described in subsection (g)(1) or (g)(2), the new person, legal entity or partnership shall apply for a new license in compliance with Section (6)(b) of the Act. The transaction shall not be complete until the Director issues a new license to the new person, legal entity or partnership.

- i) The transactions described in subsection (g) do not constitute a change in ownership when all of the entities that are parties to the transaction are under common control or ownership before and after the transaction is completed. In these transactions, the name of the corporation, its officers, its independent subsidiaries and any other relevant information that the Department may require shall be made available to the Department upon request.

- j) Pursuant to subsection (g), the transfer of corporate stock or the merger of another corporation into the licensee corporation does not constitute a change of ownership if the licensee corporation remains in existence.

- k) License Category; Approval of Services

- 1) Each license shall apply only to the categories of service offered by the hospital at the time the license is issued, and as reflected in the CON or COE issued by the Health Facilities and Services Review Board. A hospital shall be licensed as one of the following: ~~A general license shall be issued for a hospital that offers a variety of categories of service. A specialized license (e.g., Psychiatric, Pediatric, Rehabilitation, Tuberculosis) shall be issued for a hospital that offers primarily that special category of service.~~

A) General Acute Care Hospital – a facility that offers an integrated variety of categories of short-term, general acute care services and performs scheduled surgical procedures on an inpatient basis. A General Acute Care Hospital may be licensed as a Critical Access Hospital upon approval by the Centers for Medicare and Medicaid Services; or

B) Specialty or Specialized Hospital – a facility that offers primarily a special or particular category of services (e.g. psychiatric, pediatric, rehabilitation, or long-term acute care, as defined by the Centers for Medicare and Medicaid Services).

- 2) The license shall apply only to the number of beds and the clinical services operating at the time the license is issued. If a new clinical service is to be initiated, or an existing service expanded or discontinued, the approval of the Department shall first be obtained. If a change in clinical service results in change of license category, then a new application for license shall be submitted to the Department and the hospital shall meet the requirements of Section 250.110 and this Section.

- l) Provisional License. The Director may issue a provisional license to any hospital that does not substantially comply with the provisions of the Act and this Part provided that the hospital has undertaken changes and corrections that, upon completion, will render the hospital in substantial compliance with the provisions of the Act and this Part, and provided that the health and safety of the patients of the hospital will be protected during the period for which the provisional license is issued. The Director will advise the licensee of the conditions under which the provisional license is issued, including the manner in which the hospital fails to comply with the provisions of the Act and this Part. The Director also will advise the licensee of the time within which the changes and corrections necessary for the hospital to substantially comply with the Act and this Part shall be completed.

- m) Posting of License. *Licenses shall be posted, either by physical or electronic means, in a conspicuous place on the licensed premises.* (Section 6(b) of the Act)

- n) Reinstatement of Hospital Operations. A hospital that has suspended its operations due to outstanding violations of the Act or this Part or termination by Medicare may not reinstate operations without Department approval. The following conditions shall be met before the Department will approve a request to reinstate operations:
- 1) A hospital shall submit a plan of correction to the Department that demonstrates how all outstanding violations will be corrected to ensure compliance with all licensing requirements.
 - 2) A hospital shall submit an updated license application pursuant to the requirements of this Section.
 - 3) The Department will conduct a survey to ensure the hospital is in compliance with all licensing requirements and to confirm the reason for the suspension of operations no longer exists and the plan of correction has been fully met.
 - 4) If the Department determines the hospital is in compliance with all licensing requirements and the plan of correction has been met, the Department will issue a provisional license to the hospital.
 - 5) The Department will conduct a second survey within four months after the exit date of the first survey to determine if the hospital has maintained compliance with licensing requirements.
 - 6) After the second survey, the hospital's license will be reissued upon determination by the Department that the hospital is in compliance with all licensing requirements and has fully implemented the plan of correction.
 - 7) If the hospital is not in compliance with the licensing requirements, the Department may either extend the provisional licensure period or deny the request to reinstate operations. If the Department denies the request for reinstatement, it will follow the provisions in Section 250.140, including, but not limited to, providing notice of the denial and an opportunity for hearing.
- o) Suspension of Hospital Operations due to natural or human-induced disaster. A hospital that has suspended its operations as the result of unplanned damage from a natural or human-induced disaster must notify the Department of any such suspension and may not reinstate operations without Department approval. The

following conditions shall be met upon suspension of operations due to natural or human-induced disaster:

- 1) A hospital shall submit written notification to the Department within 24 hours of any suspension of hospital operations that extends beyond one day of operation.
- 2) A hospital shall submit a description of the event, changes, and modifications to the facility that occurred that required the suspension of hospital facility operations or suspension of operations of units within the hospital facility. At the time of the suspension of operations, the facility shall provide a projected date for resumption of full services. The projected time frame for the suspension must be consistent with the repairs or renovation required. This information shall be provided in the written notification to the Department required in subsection (o)(1).
- 3) The facility shall submit progress reports to the Department regarding any changes to the projected re-opening date from original submittal as requested by the Department.
- 4) Upon written notification to the Department that the hospital is in compliance with all licensing requirements and ready to resume operations, and at the earliest date available for Department surveyors, the Department may conduct an onsite survey to confirm the hospital is operationally safe and approved to resume operations.
- 5) If the hospital is not in compliance with the licensing requirements, the Department may issue a provisional license pursuant to subsection (l).

pe) Notification of Closure of Hospital. The licensee shall notify the Department of the impending closure of the hospital at least 90 days prior to the closure. The hospital shall be responsible for the removal of patients and their placement in other hospitals. The hospital shall implement the policies for preservation of patient medical records and medical staff credentialing files in accordance with Section 250.1510(d)(2) and Section 250.310(b)(16). Notification to the Department shall include the address (i.e., physical location) of all medical records and medical staff credentialing files and a contact name, phone number, and email address for the keeper of the medical records.

(Source: Amended at 47 Ill. Reg. _____, effective _____)

SUBPART B: ADMINISTRATION AND PLANNING

Section 250.240 Admission and Discharge

- a) Principle
The hospital shall have written policies for the admission, discharge, and referral of all patients who present themselves for care. Procedures shall assure appropriate utilization of hospital resources such as preadmission testing, ambulatory care programs, and short-term procedure units.
- b) Referrals
A hospital licensed under the Hospital Licensing Act may not refer a patient or the family of a patient, or have an entity on a resource reference list for a patient or the family of a patient, to a home health, home services, or home nursing agency unless the agency is licensed under the Home Health, Home Services, and Home Nursing Agency Licensing Act. (Section 3.8 of the Home Health, Home Services, and Home Nursing Agency Licensing Act) A hospital shall verify that an agency is currently on the Department's list of licensed home health, home services, and home nursing agencies posted on the Department's website or obtain a copy of an agency's license prior to making a referral to that agency.
- c) Access
 - 1) All persons shall be admitted to the hospital, whether as inpatients or outpatients, by a member of the medical staff with admitting privileges, an advanced practice registered nurse, or a physician assistant with clinical privileges recommended by the medical staff and granted by the hospital governing board. All persons admitted to the hospital shall be under the professional care of a member of the medical staff.
 - 2) Insofar as possible, the hospital shall assign patients to accommodations with regard to gender, age, and medical requirement.
 - 3) The hospital shall provide basic and effective care to each patient. No person seeking necessary medical care from the hospital shall be denied care for reasons not based on sound medical practice or the hospital's charter, and, particularly, no person shall be denied care on account of race, creed, color, religion, gender, or sexual orientation.
 - 4) When the hospital does not provide the services required by a patient or a person seeking necessary medical care, an appropriate referral shall be made.
- d) Required Testing for All Admissions

- 1) The laboratory examinations required on all admissions shall be determined by the medical staff and shall be consistent with the scope and nature of the hospital. The required list or lists of tests shall be in written form and shall be available to all members of the medical staff. The required examinations shall be consistent with the requirements of this subsection (d).
- 2) Uterine Cytologic Examination for Cancer
 - A) *Every hospital shall offer a uterine cytologic examination for cancer to every female inpatient 20 years of age or over, unless one of the following conditions exists:*
 - i) *The examination is considered contra-indicated by the attending physician; or*
 - ii) *The patient has had a uterine cytologic examination for cancer performed within the previous year prior to the admission to the hospital.*
 - B) *Every woman for whom the test is applicable shall have the right to refuse such test on the counsel of the attending physician or on her own judgment.*
 - C) Patient records for all female inpatients 20 years of age or older shall indicate one of the following:
 - i) *The results of the test;*
 - ii) *The reasons that the test offer requirement was not applicable as provided under subsection (d)(2)(A); or*
 - iii) *A statement that it was refused by the patient. (Section 2310-540 of the Civil Administrative Code).*
- 3) Testing for Infection with Human Immunodeficiency Virus (HIV)
 - A) *The hospital shall offer testing for infection with human immunodeficiency virus (HIV) to patients upon request.*
 - B) *The hospital shall ensure that pre-test and post-test counseling is provided to the patient in accordance with the provisions of the AIDS Confidentiality Act and the HIV/AIDS Confidentiality and*

Testing Code.

- C) Testing that is performed under the Act and this Part *shall be subject to the provisions of the AIDS Confidentiality Act and the HIV/AIDS Confidentiality and Testing Code.* (Section 6.10 of the Act)

e) Discharge Notification

- 1) The hospital shall develop a discharge plan of care for all patients who present themselves to the hospital for care.
- 2) The discharge plan shall be based on an assessment of the patient's needs by various disciplines responsible for the patient's care.
- 3) When a patient is discharged to another level of care, the hospital shall ensure that the patient is being transferred to a facility that is capable of meeting the patient's assessed needs.
- 4) A hospital's discharge procedures shall include prohibitions against discharging or referring a patient to any facility for further health care services that is unlicensed, uncertified, or unregistered.
- 5) *Whenever a patient who qualifies for the federal Medicare program is hospitalized, the patient shall be notified of discharge at least 24 hours prior to discharge from the hospital. The notification shall be provided by, or at the direction of, a physician with medical staff privileges at the hospital or any appropriate medical staff member. The notification shall include:*
 - A) The anticipated date and time of discharge.
 - B) *Written information concerning the patient's right to appeal the discharge pursuant to the federal Medicare program, including the steps to follow to appeal the discharge and the appropriate telephone number to call if the patient intends to appeal the discharge. This written information does not need to be included in the notification, if it has already been provided to the patient. (Section 6.09 of the Act)*
- 6) *Every hospital shall develop and implement policies and procedures to provide the discharge notice required in subsection (e)(5). The policies and procedures may also include a waiver of the notification requirement*

in either or both of the following cases:

- A) When a discharge notice is not feasible due to a short length of stay in the hospital by the patient. The hospital policy shall specify the length of stay when discharge notification will not be considered feasible.
- B) When the patient voluntarily desires to leave the hospital before the expiration of the 24 hour period. (Section 6.09 of the Act)

7) When a facility-provided medication is ordered at least 24 hours in advance for surgical procedures and is administered to a patient at a hospital, any unused portion of the facility-provided medication shall be offered to the patient upon discharge when it is required for continuous treatment.

A) A facility-provided medication shall be labeled consistent with labeling requirements under Section 22 of the Pharmacy Practice Act.

B) If the facility-provided medication is used in an operating room or emergency department setting, the prescriber is responsible for counseling the patient on its proper use and administration and the requirement of pharmacist counseling is waived. (Section 6.28 of the Act)

C) For the purposes of this Section, "facility-provided medication" means any topical antibiotic, anti-inflammatory, dilation, or glaucoma drop or ointment (Section 15.10 of the Pharmacy Practice Act)

f) *Patient Notice of Observation Status. Within 24 hours after a patient's placement into observation status by a hospital, the hospital shall provide that patient with an oral and written notice that the patient is not admitted to the hospital and is under observation status. The written notice shall be signed by the patient or the patient's legal representative to acknowledge receipt of the written notice and shall include, but not be limited to, the following information:*

- 1) *A statement that observation status may affect coverage under the federal Medicare program, the medical assistance program under Article V of the Illinois Public Aid Code, or the patient's insurance policy for the current hospital services, including medications and other pharmaceutical supplies, as well as coverage for any subsequent discharge to a skilled*

nursing facility or for home and community based care; and

- 2) *A statement that the patient should contact his or her insurance provider to better understand the implications of being placed into observation status. (Section 6.09b of the Act)*

- g) The hospital shall develop a written policy for cases in which a patient in observation status is incapacitated and attempts to contact the patient's legal representative within 24 hours pursuant to subsection (f) have been unsuccessful. The hospital shall document all attempts to contact the patient's legal representative.

- h) Background Checks for Patients Transferring to a Long-Term Care Facility

- 1) *Before transfer of a patient to a long term care facility licensed under the Nursing Home Care Act where elderly persons reside, a hospital shall as soon as practicable initiate a name-based criminal history background check by electronic submission to the Department of State Police for all persons between the ages of 18 and 70 years; provided, however, that a hospital shall be required to initiate such a background check only with respect to patients who:*

A) are transferring to a long term care facility for the first time;

B) have been in the hospital more than 5 days;

C) are reasonably expected to remain at the long term care facility for more than 30 days;

D) have a known history of serious mental illness or substance abuse; and

E) are independently ambulatory or mobile for more than a temporary period of time.

- 2) *A hospital may also request a criminal history background check for a patient who does not meet any of the criteria set forth in subsections (h)(1)(A) through (E).*

- 3) *A hospital shall notify a long term care facility if the hospital has initiated a criminal history background check on a patient being discharged to that facility. In all circumstances in which the hospital is required by this subsection (h) to initiate the criminal history background check, the*

transfer to the long term care facility may proceed regardless of the availability of criminal history results.

- 4) *Upon receipt of the results, the hospital shall promptly forward the results to the appropriate long term care facility. If the results of the background check are inconclusive, the hospital shall have no additional duty or obligation to seek additional information from, or about, the patient.*
(Section 6.09(d) of the Act)

(Source: Amended at 47 Ill. Reg. _____, effective _____)

Section 250.250 Visiting Rules

- a) Each hospital shall establish, in the interest of the patient, policies regarding visitation on the various services and departments of the hospital. It is recommended that visitors be limited to two per patient at any one time.
- b) In times of increased incidence of communicable disease in the community, the hospital should consult with the local health officer regarding further restriction of visitors.
- c) Hospitals shall implement and comply with Section 3.2 of the Medical Patient Rights Act regarding visitation rights, policies, and procedures. Hospitals shall develop policies and procedures to address visitation when a disaster exists or in the event of an outbreak or epidemic of communicable disease.
- ~~e~~) No visitor shall knowingly be admitted who has a known infectious disease, who has recently recovered from such a disease, or who has recently had contact with such a disease.
- ~~e~~d) Children
 - 1) Children under ~~12~~¹² years of age should not be admitted as visitors to the hospital except in the company of a responsible adult.
 - 2) Children under six years of age should be admitted as visitors only when the hospital has a special family visiting program or when requested in writing by the attending physician or chief executive officer of the hospital. Visiting facilities other than the patient's room shall be used for children under six years of age, unless that room is a private room.
- ~~f~~e) No lay visitor shall be given access to the operating rooms during surgery, except as provided in Section 250.1305 or Section 250.1860(a).

- gf) See Section 250.1830(k) for visiting regulations applicable to maternity departments and newborn nurseries.
- hg) Smoking by visitors shall be prohibited except in specially designated outside areas.
- ih) No visitors shall be permitted in the postoperative recovery room.
- ji) ~~Animals~~—No birds, turtles, dogs, cats, or other animals (exclusive of those required for laboratory purposes or for animal-assisted therapy in accordance with Section 250.890) shall be allowed in a medical facility, except as provided in this subsection (i). Guide dogs may accompany sightless persons. When animals are allowed in the hospital, the hospital shall have policies for infection control, sanitation, care of the animals, and any necessary patient screening. The policies shall be followed and shall comply with the requirements concerning animals in the Department's Food ~~Service Sanitation~~ Code (~~77 Ill. Adm. Code 750~~).

(Source: Amended at 47 Ill. Reg. _____, effective _____)

SUBPART C: THE MEDICAL STAFF

Section 250.315 House Staff Members

- a) In hospitals participating in professional graduate training programs, the policies of the hospital, which shall be approved by the Board, must specify the duty hour requirements for house staff members and the mechanisms by which house staff members are supervised by members of the medical staff in carrying out their patient care responsibilities.
- b) These policies shall comply with the Accreditation Council for Graduate Medical Education, Common Program Requirements (Residency) ~~"Essentials of Accredited Residencies in Graduate Medical Education" established by the Accreditation Council for Graduate Medical Education.~~

(Source: Amended at 47 Ill. Reg. _____, effective _____)

SUBPART D: PERSONNEL SERVICE

Section 250.410 Organization

- a) Personnel department organization

- 1) There shall be an organized personnel department or service designed to meet the needs of the personnel.
 - 2) The chief executive officer shall designate an individual as department or service chief.
 - 3) The chief executive officer (administrator) shall ensure that personnel policies and practices that adequately support hospital services and quality of patient care are established and maintained.
 - 4) There shall be sufficient qualified personnel to properly operate the various departments and the adjunct services requiring technical skill, such as laboratory, x-ray, physical therapy, pharmacy, nursing, surgery, respiratory therapy, etc.
 - 5) There shall be sufficient service personnel to properly operate service departments.
 - 6) Qualified personnel shall mean those persons who hold necessary licenses for the activities they perform. If no license is required, qualified personnel shall mean those persons who are registered or certified by the Department, the Illinois Department of Professional Regulation, the Council on Medical Education of the American Medical Association or Agencies or Committees established in collaboration with the Council, other accrediting agencies approved by the Department, or an acceptable experience equivalent to the above.
- b) Personnel policies shall be written and available to all personnel.
 - c) Personnel policies shall be reviewed and/or revised periodically, but no less than once every two years. The date of review or revision shall be indicated on the personnel policies.
 - d) The governing body, through its chief executive officer, shall identify functions for the management of personnel and place responsibility for implementation and actions related to established policies and procedures.
 - e) Under the direction of administration, the personnel service shall have available organizational charts that identify all departments and/or services.
 - f) All positions shall be authorized by the governing authority, either directly or through delegation to the administrator.

- g) There shall be a written job description including minimum qualifications for each position in the hospital.
- h) Prior to employing any individual in a position that requires a State license, the hospital shall contact the Illinois Department of Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.
- i) The hospital shall check the status of all applicants with the [Health Care WorkerNurse Aide](#) Registry prior to hiring.
- j) *Hospitals shall ensure that employees of the hospital are made aware of employee assistance programs or other like programs available for the physical and mental well-being of the employees. Hospitals shall provide information on these programs, no less than at the time of employment and during any benefit open enrollment period. A hospital may provide this information to employees electronically. (Section 6.33 of the Act)*

(Source: Amended at 47 Ill. Reg. _____, effective _____)

SUBPART I: NURSING SERVICE AND ADMINISTRATION

Section 250.990 Unusual Incidents

- a) A procedure shall be established to investigate any unusual incidents which occur at any time on a patient care unit. (Refer to Subpart B Section 250.210 (g)).
- b) The procedure shall include the making and disposition of incident reports. Notation of incidents having a direct medical effect on a specific patient shall be entered in the medical record of that patient. (Refer to Subpart R, Section 250.2140 (c)(5).)
- c) Each report shall be analyzed and summarized, and corrective action shall be taken if necessary. Summarized reports shall be available to the Department of Public Health and shall be confidential in accordance with Section 9 of the Licensing Act.
- d) Pursuant to Section 3.2(a) of the Criminal Identification Act, if a patient is not accompanied by a law enforcement officer, as soon as treatment allows, a hospital, physician, or nurse shall notify the local law enforcement agency that serves the hospital when it appears that the patient has any injury sustained as a victim of an alleged sexual assault or sustained an injury as a victim of a criminal offense.

- 1) In instances of alleged sexual assault, the hospital shall obtain the patient's consent prior to disclosure of the patient's identity to law enforcement and prior to any interview with law enforcement.
- 2) A hospital, physician, or nurse shall be held harmless from any civil liability for their compliance with the provisions in this Section.

(Source: Amended at 47 Ill. Reg. _____, effective _____)

SUBPART S: PSYCHIATRIC SERVICES

Section 250.2280 Care of Patients

- a) The ~~"Mental Health and Developmental Disabilities Code" effective January 1, 1979, as hereafter amended—Public Act 80-1414~~ shall apply to the care of patients.
- b) Accommodations for Patients
 - 1) Each psychiatric unit shall have available recreational and occupational therapy and other appropriate facilities adequate in size in relation to patient population, number of beds and program.
 - 2) Section 250.1040(f) regarding beds and bedding and Section 250.1040(i) regarding signals do not necessarily apply to bed accommodations in psychiatric units of general hospitals and psychiatric hospitals where clinically contraindicated.
- c) Restraints and Seclusion

Restraints and seclusion facilities shall be available and written policies shall be established for their use. Mechanical restraints and/or seclusion may be used only on the written order of a physician. This written order shall be valid for specific periods of time. In an Emergency, the person in charge may order restraints. Confirmation of the order by a physician shall be secured. Policies and procedures regarding use of restraints and seclusion will be reviewed annually. A log showing patient identification, justification for restraint, time applied and released and other pertinent information shall be maintained. (Refer to ~~Public Act 80-1414~~ the "Mental Health and Developmental Disabilities Code.")
- d) Policies and Procedures

A policy and procedure manual shall be maintained for the psychiatric service. The manual shall include the following:~~procedures for the care and treatment of~~

~~patients with specific procedures for the care of suicidal and assaultive patients. They shall identify the relationship with State agencies and community organizations providing psychiatric services. It shall also describe plans for the evaluation and disposition of psychiatric emergencies.~~

- 1) Policies and procedures for the care and treatment of psychiatric patients, including specific procedures for the care of suicidal and assaultive patients;
- 2) Policies and procedures for the assessment of patients for sexual safety (i.e., the identification of vulnerable patients and patients with the potential to display sexual behavior that places other patients at risk). The policies and procedures shall be applicable to the age of the patient population served in the clinical unit and include measures to assess the risk of sexual harassment, abuse or assault, the management and oversight of the physical environment, requirements for internal reporting, investigation of allegations and incidents, and notification of law enforcement;
- 3) Policies and procedures describing the relationships between the hospital and State agencies and community organizations providing psychiatric services; and
- 4) Policies and procedures relating to the evaluation and disposition of psychiatric emergencies.

e) Physical Facilities

- 1) Requirements contained in Subpart T – Design and Construction Standards regarding general hospitals shall apply to psychiatric hospitals unless otherwise noted.
- 2) The following additional requirements for psychiatric units in general hospitals and psychiatric hospitals shall be provided for patient care units:
 - A) Adequate office space for psychiatrists, psychologists, nurses, social workers, and other professional staff.
 - B) Conference room, day room and dining room. These rooms may be set up as multipurpose rooms.
 - C) Patient's laundry room.

1118 3) The design of facilities and the selection of equipment and furnishings
1119 shall be conducive to the psychiatric program being carried out and shall
1120 minimize hazards to psychiatric patients.

1121

1122 (Source: Amended at 47 Ill. Reg. _____, effective _____)